



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/848,727
		Filing Date	May 3, 2001
		First Named Inventor	Vincent Jen-Jr Gau
		Group Art Unit	1639
		Examiner Name	Tran, My Chau T
Total Number of Pages in This Submission		Attorney Docket Number	GF1100

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Authorized  <input checked="" type="checkbox"/> Amendment  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application)  Drawing(s)  Licensing-related Papers  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s) _____  Remarks _____	After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  <input checked="" type="checkbox"/> Postcard <input type="checkbox"/> RCE <input type="checkbox"/> Check for \$790
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Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2326. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: \_\_\_\_\_

By: \_\_\_\_\_

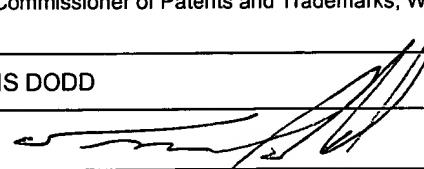
Phone: (760) 731-3091  
Fax: (760) 728-1541

Attorneys for Applicant(s)

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail  
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

*3-2-06*

Typed or printed name	TRAVIS DODD	
Signature		Date
	<i>3-2-06</i>	



## FEE TRANSMITTAL

<b>Attorney Docket No.</b>	GF1100
<b>First Named Inventor:</b>	Vincent Jen-Jr Gau
<b>Application Number</b>	09/848,727
<b>Filing Date:</b>	May 3, 2001
<b>Examiner Name:</b>	Tran, My Chau T
<b>Group/Art Unit:</b>	1639

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 790.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: Deposit Account Name: .  _____ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

### 2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 770.00	\$385.00	\$ 0.00
Total Claims	32 - 50 =	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	1 - 6 =	0	X \$ 86.00	X \$ 43.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
<b>Total of above Calculations =</b>					<b>\$ 0.00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
<b>Total of above Calculations =</b>			<b>\$ 0.00</b>

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
RCE	\$790	\$	\$790
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3-2-06